



Minnesota Board of Cosmetologist Examiners  
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## Certificate of Identification Application

CID's cannot be renewed. A new application is required for each license cycle.

### The following must be submitted for your application to be processed:

- Completed Application
- Fee: \$20.00
  - Checks or money orders must be made payable to "BCE".
- Current MN Operator or Salon Manager license number
  - This license must remain active and current for your CID to remain valid.
- Experience Verification Form documenting 2700 hours in any licensed salon(s) in Minnesota
- Current salon affiliation
  - Signature of the salon owner is required.
  - If your salon affiliation changes or ends, the CID is no longer valid.

### **Applicant Information**

The data which you furnish on this application will be used by the BCE to assess your qualifications for licensure. Disclosure of this information is voluntary. You are not legally required to provide this data, however if you fail to do so, the BCE may be unable to process this application. Disclosure of your Social Security number is required by Minnesota Statutes 270C.72 and your Social Security number may be requested by and released to the Minnesota Commissioner of Revenue. Then BCE may use your Social Security Number for revenue recapture as authorized by Minnesota Statutes, Chapter 270A. After issuance of a license, all information contained in this application, except your Social Security Number, will be public information pursuant to Minnesota Statutes, Chapter 13.

Pursuant to Minnesota Statutes 604.113 and 609.535 the BCE is authorized to charge a service charge of \$30.00 for any check that is returned for non-sufficient funds.

4/2014

Social Security Number	Date of Birth	License Number	
First Name	Middle Initial	Last Name	
Residential Address			
City		State	Zip Code
Email Address		Phone Number	

For Office Use Only

Staff Initials: _____	Check/MO/ Receipt Number: _____	Amount Paid: _____
Application Number: _____	License Number: _____	Date Processed: _____

## **Current Salon Affiliation**

Please fill in the requested information for the salon where you are currently working.

This is the salon which you will be representing when working in a licensed healthcare facility or in the residence of a homebound individual. The CID must remain at the salon at all times except when it is being used. If your employment at this salon ends, your CID will no longer be valid.

Salon Name	Owner/Manager Name	Salon License Number
Salon Address		Salon Phone Number
City	State/Country	Zip Code
<b><u>Certification and Authorization of Salon Owner</u></b> <ul style="list-style-type: none"><li>• I certify the above named applicant currently practices at this salon.</li><li>• I authorize the above named applicant to obtain and use a CID in compliance with Minnesota Rule 2105.0450.</li><li>• I understand my responsibility to ensure that the use of the CID conforms to Minnesota Rule 2105.0450.</li><li>• I understand the CID must remain at this salon at all times except when in use outside of the salon.</li></ul> <div><div>_____</div><div>_____</div><div>Salon Owner Signature</div><div>Date</div></div>		

## **Work Experience Verification Form**

Document your work experience below. You must have at least 2700 hours of licensed practice in Minnesota.

Salon Name	Owner/Manager Name	Salon License Number
Salon Address		Salon Phone Number
City	State	Zip Code
Average Hours Worked Per Week	Employment Start Date	Employment End Date

Salon Name	Owner/Manager Name	Salon License Number
Salon Address		Salon Phone Number
City	State	Zip Code
Average Hours Worked Per Week	Employment Start Date	Employment End Date

## **Licensee Responsibility**

### **Change of Current Salon Affiliation**

- If you change salons or stop working at the above named salon, the CID will no longer be valid. If you begin working at a new salon, you may apply for a new CID.

### **Change of Name or Address**

- If you change your name, you must notify the BCE within 30 days by submitting a Name Change Form with legal name change documentation.
- You must inform the BCE of an address change within 30 days. This update can be made online.

### **Current License Verification**

- It is your obligation to ensure the salon you work in has a current license and that your individual license is also current and active. You can check a license status on the BCE website using the License Lookup.

### **Cosmetology Laws and Rules**

- Cosmetology law and rule books are available for purchase from Minnesota's Bookstore. Please call (651)297-3000 or visit [www.leg.state.mn.us](http://www.leg.state.mn.us) to order. The laws and rules may also be viewed on the BCE website.

## **Certification of Applicant**

- I certify that I have accumulated at least 2700 hours of licensed work experience.
- I certify that I will only use the Certificate of Identification while working with the salon listed above. If my employment changes, I will apply for a new CID.
- I certify that I will use the CID in compliance with Minnesota Statue 2105.0450.
- I certify that I represent the salon listed above when using the CID at a licensed healthcare facility or in the residence of a homebound individual.

I attest that the information submitted with this application is true and correct. Further, this document has not been altered or changed in any manner from the form adopted by the Board of Cosmetologist Examiners.

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Signature of Applicant

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Date

**Application processing may take up to 15 business days.**